

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445131	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING A  B. WING _____		(X3) DATE SURVEY COMPLETED  04/16/2014
NAME OF PROVIDER OR SUPPLIER  BEVERLY PARK PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 076 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined electrical components in medical gas storage locations were not located greater than five (5) feet above the floor. The finding includes: Observation and interview with the Maintenance Director, on April 16, 2014 at 9:08 a.m., revealed 26 "E" size oxygen cylinders stored in room M008. This room has an electrical outlet and light switch installed less than 5 (five) feet above the floor. This finding was verified with the Maintenance Director and acknowledged by the facility Administrator during the exit conference on April 16, 2014.</p>	K 076	<p><b>K-076:</b></p> <ol style="list-style-type: none"> <li>1. The electrical outlet and light switch was completely removed from the room on 04/17/14 by the Facilities Management Staff. No electrical equipment, outlets, or switches are installed below five feet.</li> <li>2. Any unused E-tanks are stored in one room - M008. The Facilities Management Staff completed a 100% audit of the facility for any E-tanks stored outside of room M008— no tanks were found outside of this room.</li> <li>3. Routine walkthroughs will be conducted by the Facilities Management Department monthly to determine continued compliance with proper O<sub>2</sub> tank storage.</li> <li>4. Walkthrough results will be reported by the Director of Facilities Management once per month for three months, and/or until 100% compliance is met, at the Quality Assurance Performance Improvement committee, which consists of the Administrator, Director of Nursing, Medical Director, Therapy Manager, Activity Director, Dietary Director, MDS Coordinators, Assistant Director of Nursing, Team Leaders, Admissions Director, Social Services, Facilities Management Director, Housekeeping Director and Laundry Director.</li> </ol>	05/07/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Debbie Williamson*

*Administrator*

*5-7-14*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.